

County Employees Seeking Assistance from Public Housing and Community Development-Other Than Sec. 8 Vouchers

Please submit the following information by mail, fax, **or** email to:

Gilma Diaz-Greco, Staff Attorney
The Commission on Ethics and Public Trust
19 West Flagler Street, Suite 820
Miami, FL 33130

Phone: (305) 350- 0638
Fax: (305) 579-0273
Email: gdiazgr@miamidade.gov



Employee's Name	_____
Employee's Dept. and section	_____
Employee's Title	_____
Employee's Job Description and Duties	_____ _____ _____
Supervisor's Name	_____
Supervisor's Phone Number and Email	_____
Type of Loan or Rental Assistance Sought (Include Program Name)	_____
Employee's Mailing Address	_____ _____ _____
Employee's email	_____

The Miami-Dade County Conflict of Interest & Code of Ethics at Sec. 2-11.1 (c)(5)(5) allows County Employees to apply for direct housing assistance programs from the County's Public Housing and Community Development department (PHCD) if they meet certain conditions and if the following criteria are met.

Please check one of the following categories and confirm that you meet the criteria for that category:

_____ County Employees:

1. I am eligible to receive such assistance from PHCD.
2. I do not work in PHCD, the department that enforces, oversees, or administers the contract.

_____ PHCD Employee:

1. I am eligible to receive such assistance from PHCD.
2. I will not participate in the administration of the program during the entire term of the loan or rental assistance provided.

I have read these requirements and pledge to abide by them.

Signature

Date

Your ethics opinion will be sent to by first class mail and email. Please submit the letter to the PHCD department.
COE 6-14